ESTIMATE INFORMATION



State Form 34864 (R8/1-02) Approved by SBA 2002

DO NOT ATTEMPT TO COMPLETE YOUR RETIREMENT APPLICATION WITHOUT A CURRENT ESTIMATE OF BENEFITS.

Complete the following Estimate Information and submit immediately to TRF if you would like a current estimate.

(using our computer system) are unreliable and not given.

Indiana State Teachers' Retirement Fund

150 W. Market Street, Suite 300 Indianapolis, Indiana 46204-2809 (317) 232-3860 / (888) 286-3544 FAX (317) 232-3882

www.in.gov/trf

PRIVACY NOTICE

Your Social Security Number is being requested by this state agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

1. Name (first, middle, last) 2.				2.	Area code and telephone number				
					,	`			
2 Address (street and m		:444.	n el 7/D)		<u>'</u>)			
3. Address (street and number or box number, city, state, and ZIP)									
4. TRF number 5. Social Security Number 6. Date of bir					rth (month, day, year) 7.			7. Ye	ars of service at retirement
	o. 2000. 900. 900. 900. 900. 900. 900. 90				, , , , , , , , , , , , , , , , , , , ,				
I would like an estimate that provides monthly benefits to one designated co-survivor at time of my death.									
8. Co-Survivor's full name (first, middle, last) 9. Co-Survivor's Social Se									
6. Co-sulvivor s full flame (mst, findule, last)			u. 00	ourney itu		10. 00	-	o. 2010 o. 2 (,aa,,,,,,	
11. INTEGRATION OF PAYMENT WITH SOCIAL SECURITY BENEFIT AT AGE 62									
A copy of my Social Security Administration estimate at age 62 is attached.									
They estimate a benefit at age 62 of : \$/ Month									
INSTRUCTIONS								ESTIMATED SCHOOL	
					SCHOOL YEAR			YEAR CONTRACT	
 A school year is from July 1 through June 30 Please list your CONTRACT AMOUNT for the 								AMOUNTS	
present school year (if applicable) in Box 13.					12. PRESENT SCHOOL			13.	
• Please list your estimated CONTRACT AMOUNT for the					YEAR, JULY 1 TO JUNE 30			30	¢
next school year (if applicable) in Box 15.									Ψ
• Please list your estimated CONTRACT AMOUNT for a				_	14. NEXT SCHOOL YEAR,			R,	15.
future school year (if applicable) in Box 17.					JULY 1 TO JUNE 30			ŕ	
 Please put your anticipated last day of service in Box 18. 									\$
If you intend to delay your application to meet age					46 FU	TUDE CO	211001		17.
requirements or the Rule of 85, place that delayed date in					16. FUTURE SCHOOL YEAR, JULY 1 TO JUNE 30			30	17.
Box 19.					I LAIX, V	,OL:	OJONE	30	\$
• If you wish an estimate of the Social Security integration									
option, please list your age 62 Social Security estimate in					18. ESTIMATED LAST DAY OF SERVICE				
box 11. We must have a copy of your estimate for age 62									
from the Social Security Administration in order to				-	19. DELAYED DATE OF RETIREMENT				
estimate an A-4 Optionthe integration of benefits with					ið. DE	LAIEU	DATE OF	NEI	IIVEIAIEIA I
Social Security at age 62. An A-4 estimate cannot be									
completed without this form.					20. SEVERANCE (cannot be more than \$2,000)				
Salaries and Annuity Savings Account balances vary and The same of th									
retirement law is subject to amendment therefore retirement estimates further than two years in the future									
retirement estimates f	urtner than two y	ears in the	tuture						